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CONFIRMATION NO. 1495

<b>SERIAL NUMBER</b> 10/500,927	<b>FILING OR 371(c) DATE</b> 02/02/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> U 015289-9
<b>APPLICANTS</b> Tomm Kristensen, Rindabu, NORWAY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO03/00017 01/20/2003 <i>OK AS</i> <b>** FOREIGN APPLICATIONS *****</b> NORWAY 20020273 01/18/2002 <i>OK AS</i> <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AS</i> Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 00140				
<b>TITLE</b> Prosthesis set				
<b>FILING FEE RECEIVED</b> 605	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	